

SERFF Tracking Number: AAMC-127054300 State: Arkansas
 Filing Company: Occidental Life Insurance Company of North Carolina State Tracking Number: 48280
 Company Tracking Number:
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Whole Life Insurance to Age 121 Policy - 9912
 Project Name/Number: /

Filing at a Glance

Company: Occidental Life Insurance Company of North Carolina

Product Name: Whole Life Insurance to Age 121 Policy - 9912 SERFF Tr Num: AAMC-127054300 State: Arkansas

TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved- Closed State Tr Num: 48280

Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life Co Tr Num: State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird
 Author: Traci Baty Disposition Date: 03/23/2011
 Date Submitted: 03/18/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 03/23/2011
	State Status Changed: 03/23/2011
Deemer Date:	Created By: Traci Baty
Submitted By: Traci Baty	Corresponding Filing Tracking Number:
Filing Description:	
Cover Letter Under Supporting Documentation.	

Company and Contact

Filing Contact Information

Clara Keel, Product Filing Manager and ckeel@aatx.com

SERFF Tracking Number: AAMC-127054300 State: Arkansas
Filing Company: Occidental Life Insurance Company of North Carolina State Tracking Number: 48280
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life Insurance to Age 121 Policy - 9912

Project Name/Number: /

Assistant Secretary

425 Austin Avenue 254-297-2794 [Phone]

Waco, TX 76701 254-297-2138 [FAX]

Filing Company Information

Occidental Life Insurance Company of North Carolina CoCode: 67148 State of Domicile: Texas

425 Austin Avenue

Group Code: 1327

Company Type: LAH

Waco, TX 76701

Group Name:

State ID Number:

(254) 297-2777 ext. [Phone]

FEIN Number: 56-0343440

Filing Fees

Fee Required? Yes

Fee Amount: \$150.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Occidental Life Insurance Company of North Carolina	\$150.00	03/18/2011	45753097

SERFF Tracking Number: AAMC-127054300 State: Arkansas
Filing Company: Occidental Life Insurance Company of North Carolina State Tracking Number: 48280
Company Tracking Number:
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Insurance to Age 121 Policy - 9912
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/23/2011	03/23/2011

<i>SERFF Tracking Number:</i>	<i>AAMC-127054300</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Occidental Life Insurance Company of North Carolina</i>	<i>State Tracking Number:</i>	<i>48280</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Insurance to Age 121 Policy - 9912</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 03/23/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AAMC-127054300 State: Arkansas

Filing Company: Occidental Life Insurance Company of North Carolina State Tracking Number: 48280

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life Insurance to Age 121 Policy - 9912

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Form	Whole Life Insurance to Age 121 Policy		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Life Insurance Application		Yes

SERFF Tracking Number: AAMC-127054300 State: Arkansas

Filing Company: Occidental Life Insurance Company of North Carolina State Tracking Number: 48280

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life Insurance to Age 121 Policy - 9912

Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form No. OL11-9912	Policy/Cont Whole Life Insurance Initial ract/Fratern to Age 121 Policy al Certificate	Initial		50.300	STD OL11-9912 Whole Life Insurance to Age 121.pdf
	Form No. OL9913	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		42.200	STD OL9913 Accidental Death Benefit Rider.pdf
	Form No. OL9914	Application/ Life Insurance Enrollment Application Form	Initial		55.900	STD OL9914 Life Insurance Application.pdf

Occidental Life Insurance Company of North Carolina

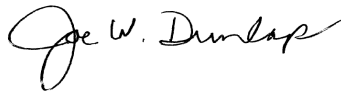
P.O. Box 2595 / Waco, Texas 76702-2595 / (254) 297-2775

This policy is a legal contract between you, the Owner, and Us, Occidental Life Insurance Company of North Carolina. This policy sets forth, in detail, the rights and obligations of both you and Us.

This policy is issued in consideration of the application and the payment of the premium. This policy may be kept in force by paying the premiums as due.

We will pay the Proceeds after we receive satisfactory proof of the Insured's death, and will be subject to the terms of this policy. Payment will be made to the Beneficiary named in the application or later named by you.

Signed at Our Home Office in Waco, Texas, on the Policy Date.



Secretary



President

CANCELLATION DURING FIRST 30 DAYS

It is important to Us that you are satisfied with your policy and that it meets your insurance goals. We urge you to read it carefully. If you are not satisfied, you may mail or deliver this policy to Us, the agent who sold the policy or any other agent of our Company within 30 days of the date it was delivered to you. If you do, it will be deemed void from the beginning. We will send you a full refund of any premiums paid.

WHOLE LIFE INSURANCE TO AGE 121 POLICY

This is a whole life policy. We will pay the death benefit at the insured's death. Premiums are payable for the years shown or until prior death.

This policy is Nonparticipating – No Dividends.

READ YOUR POLICY CAREFULLY

TABLE OF CONTENTS

Free Look Provision	1
Policy Specifications	3
Definitions	4
The Contract	4
General	4
Incontestability	4
Misstatement of Age or Sex	5
Suicide	5
Policy Settlement	5
Compliance with the Definition of Life Insurance	5
Ownership, Assignment and Beneficiary Provisions	5
Ownership	5
Beneficiary	5
Change of Ownership or Beneficiary	5
Assigning the Policy	6
Premium Provisions	6
Premium Payments	6
Grace Period	6
Reinstatement	6
Cash Value	7
Net Cash Value	7
Loan Provisions	7
Right to Make Loans	7
Maximum Loan Available	7
Loan Interest	7
Termination	7
Other Borrowing Rules	7
Options on Lapse	7
Option 1 – Surrender for Cash	7
Option 2 – Extended Term Insurance	8
Basis of Computation	8
Termination of the Policy	8
Death Benefit Provisions	8
Death Benefit	8
Maturity Proceeds	8
Payment of Proceeds	9
Proceeds	9
Electing a Payment Option	9
Option 1 – Income for a Fixed Period	9
Option 2 – Life Income with Fixed Period	9
Option 3 – Interest Income	9
Option 4 – Income of Fixed Amount	9
Interest and Mortality Table	9
Supplementary Contract	10
Commuted Benefit	10
Reserves	10

POLICY SPECIFICATIONS

		ANNUAL PREMIUM
WHOLE LIFE INSURANCE TO AGE 121		\$ 50.00 FOR 86 YEARS
ACCIDENTAL DEATH BENEFIT RIDER EXPIRING IN 65 YEARS - INITIAL AMOUNT \$100,000		\$195.00 FOR 20 YEARS *
TOTAL ANNUAL PREMIUM		\$ 245.00
ISSUED METHOD OF PAYMENT – ANNUAL		\$ 245.00
OTHER METHODS OF PAYMENT	SEMIANNUAL	\$ 129.85
	QUARTERLY	\$ 66.15
	MONTHLY	\$ 22.79

* SEE PAGE 3B FOR TABLE OF ACCIDENTAL DEATH BENEFIT PREMIUMS,
AMOUNTS AND GUARANTEED VALUES FOR ALL POLICY YEARS.

INSURED: JOHN DOE

FACE AMOUNT: \$250

AGE: 35

POLICY DATE: MARCH 1, 2011

SEX: MALE

MATURITY DATE: MARCH 1, 2097

POLICY NUMBER: XXXXXXXXXXXX

WHOLE LIFE INSURANCE TO AGE 121
TABLE OF ANNUAL PREMIUMS AND VALUES *

POLICY YEAR	ANNUAL PREMIUM **	CASH VALUE	EXTENDED TERM INSURANCE	
			YEARS	DAYS ***
01	50.00	.00	0	0
02	50.00	.00	0	0
03	50.00	1.68	4	215
04	50.00	4.28	9	163
05	50.00	6.97	13	71
06	50.00	9.74	15	309
07	50.00	12.59	17	283
08	50.00	15.52	19	99
09	50.00	18.53	20	133
10	50.00	21.62	21	68
11	50.00	24.77	21	203
12	50.00	28.01	22	127
13	50.00	31.32	22	277
14	50.00	34.75	23	26
15	50.00	38.28	23	99
16	50.00	41.92	23	141
17	50.00	45.65	23	157
18	50.00	49.47	23	152
19	50.00	53.36	23	127
20	50.00	57.33	23	84
AT AGE				
65	50.00	100.06	52	0
70	50.00	122.61	17	336

* THE CASH VALUES AND EXTENDED TERM YEARS AND DAYS ARE SHOWN AS OF THE END OF EACH POLICY YEAR. THEY ASSUME ALL PREMIUMS HAVE BEEN PAID. ANNUAL PREMIUMS ARE SHOWN AS OF THE BEGINNING OF EACH POLICY YEAR.

** THE PREMIUMS ARE GUARANTEED AND NOT SUBJECT TO CHANGE.

*** THE EXTENDED TERM INSURANCE YEARS AND DAYS INCLUDE THE IMPACT OF THE ACCIDENTAL DEATH BENEFIT CASH VALUE.

NONFORFEITURE TABLE: 2001 CSO ULTIMATE ANB MALE
NONFORFEITURE INTEREST RATE: 4.0%

ACCIDENTAL DEATH BENEFIT RIDER
TABLE OF ANNUAL PREMIUMS, AMOUNTS AND VALUES FOR THE RIDER *

Policy Year	Annual Premium**	Cash or Loan Value	Amount	Policy Year	Annual Premium**	Cash or Loan Value	Amount
01	195.00	.00	100,000	31	212.00	980.00	200,000
02	195.00	.00	105,263	32	221.00	735.00	200,000
03	195.00	.00	110,526	33	230.00	490.00	200,000
04	195.00	.00	115,789	34	240.00	245.00	200,000
05	195.00	.00	121,053	35	250.00	.00	200,000
06	195.00	.00	126,316	36	263.00	.00	200,000
07	195.00	.00	131,579	37	278.00	.00	200,000
08	195.00	.00	136,842	38	298.00	.00	200,000
09	195.00	.00	142,105	39	322.00	.00	200,000
10	195.00	.00	147,368	40	353.00	.00	200,000
11	195.00	490.00	152,632	41	392.00	.00	200,000
12	195.00	980.00	157,895	42	438.00	.00	200,000
13	195.00	1,470.00	163,158	43	493.00	.00	200,000
14	195.00	1,960.00	168,421	44	555.00	.00	200,000
15	195.00	2,450.00	173,684	45	626.00	.00	200,000
16	195.00	2,940.00	178,947	46	705.00	.00	200,000
17	195.00	3,430.00	184,211	47	792.00	.00	200,000
18	195.00	3,920.00	189,474	48	884.00	.00	200,000
19	195.00	4,410.00	194,737	49	967.00	.00	200,000
20	195.00	4,900.00	200,000	50	1,048.00	.00	200,000
21	153.00	4,532.50	200,000	51	1,134.00	.00	200,000
22	156.00	4,165.00	200,000	52	1,226.00	.00	200,000
23	160.00	3,797.50	200,000	53	1,323.00	.00	200,000
24	165.00	3,430.00	200,000	54	1,427.00	.00	200,000
25	170.00	3,062.50	200,000	55	1,537.00	.00	200,000
26	175.00	2,695.00	200,000	56	1,654.00	.00	200,000
27	181.00	2,327.50	200,000	57	1,778.00	.00	200,000
28	187.00	1,960.00	200,000	58	1,910.00	.00	200,000
29	195.00	1,592.50	200,000	59	2,048.00	.00	200,000
30	203.00	1,225.00	200,000	60	2,195.00	.00	200,000

* THE CASH VALUES ARE SHOWN AT THE END OF EACH POLICY YEAR. THEY ASSUME ALL PREMIUMS HAVE BEEN PAID. ANNUAL PREMIUMS ARE SHOWN AS OF THE BEGINNING OF EACH POLICY YEAR.

** PREMIUMS ARE GUARANTEED AND NOT SUBJECT TO CHANGE.

NONFORFEITURE TABLE: 2001 CSO ULTIMATE ANB MALE AND 1959 ADB
NONFORFEITURE INTEREST RATE: 4.0%

ACCIDENTAL DEATH BENEFIT RIDER
TABLE OF ANNUAL PREMIUMS, AMOUNTS AND VALUES FOR THE RIDER*

Policy Year	Annual Premium**	Cash or Loan Value	Amount
61	2,349.00	.00	200,000
62	2,512.00	.00	200,000
63	2,683.00	.00	200,000
64	2,863.00	.00	200,000
65	3,052.00	.00	200,000

* THE CASH VALUES ARE SHOWN AT THE END OF EACH POLICY YEAR. THEY ASSUME ALL PREMIUMS HAVE BEEN PAID. ANNUAL PREMIUMS ARE SHOWN AS OF THE BEGINNING OF EACH POLICY YEAR.

** PREMIUMS ARE GUARANTEED AND NOT SUBJECT TO CHANGE.

NONFORFEITURE TABLE: 2001 CSO ULTIMATE ANB MALE AND 1959 ADB
NONFORFEITURE INTEREST RATE: 4.0%

DEFINITIONS

Owner:	The person named in the application as the Owner or any successor or transferee of the Owner.
We, Us, Our:	Occidental Life Insurance Company of North Carolina.
Insured:	The person whose life is insured by this policy as shown on the application.
Home Office:	Home Office means Occidental Life Insurance Company of North Carolina, located in Waco, Texas.
Maturity Date:	The date on which coverage under this policy expires, as shown on the Policy Specifications page. The Maturity Date will be the anniversary of the policy on which the age of the Insured at nearest birthday is 121.
Beneficiary:	The person receiving the death Proceeds of this policy. The one named in the application as Beneficiary unless later changed by the Owner or disqualified by law from receiving the Proceeds.
Proceeds:	The benefits payable as a result of death of the Insured.
Attained Age:	The age at issue plus the number of years from the Policy Date to the most recent Policy Anniversary.
Policy Date:	The date labeled as such in the Policy Specifications. All Policy Years and anniversaries are measured from the Policy Date.
Policy Month:	Period from the day of the month the Policy Date fell on, to the day prior to the same day in the following month.
Policy Anniversary:	The date each year that corresponds with the Policy Date. The first Policy Anniversary is one year after the Policy Date.
Policy Year:	The period from the Policy Date to the first Policy Anniversary, or from one Policy Anniversary to the next.
Policy Debt:	The amount of all outstanding policy loans plus accrued interest.

THE CONTRACT

General – This policy is issued in consideration of the application and the payment of the first premium. This policy and the application are the entire contract. All statements in the application, in the absence of fraud, are representations and not warranties. No statement will void this policy or be used in defense of a claim unless:

- a. such statement is contained in the application; and
- b. a copy of the application is attached to this policy at issue.

Only Our President or Secretary may change or waive the terms of this policy. Any changes or waivers must be in writing.

Incontestability – We will not contest this policy after it has been in force during the Insured's lifetime for two years from the Policy Date. This does not apply to nonpayment of premiums.

If the Owner reinstates this policy as provided by the Reinstatement provision, this policy will be incontestable as to material misstatements made in the reinstatement application after two years from the

THE CONTRACT (Continued)

effective date of the reinstatement.

Misstatement of Age or Sex – If the Insured's age or sex is misstated, We will adjust the payments under this policy. The Proceeds will be the amount the premiums paid would have purchased at the correct age and sex.

Suicide – If the Insured dies by suicide within two years of the Policy Date, the Proceeds will equal the premiums paid.

Policy Settlement – All payments under this policy are made from Our Home Office. We may require the return of the policy.

Any Policy Debt to us under this policy will be deducted in determining the proceeds.

Satisfactory proof of death must be sent to Our Home Office. We may require proof of the existence, identity, age, or other facts relating to any Beneficiary or payee. Settlement will be made when we receive satisfactory proof of the Insured's death.

Compliance with the Definition of Life Insurance – This Policy is intended to qualify as a life insurance contract for Federal tax purposes. To that end, the provisions are to be interpreted to ensure or maintain such tax qualification, notwithstanding any other provision to the contrary.

If at any time the cash value under this Policy is about to exceed the net single premium to fund future benefits as specified for this Policy to qualify as a life insurance contract for Federal tax purposes, the death benefit under this Policy shall be increased so that at no time is this death benefit ever less than the amount necessary to ensure or maintain such tax qualification. To the extent that the death benefit as of any time is increased by this provision, appropriate adjustments shall be made in any benefit as of that time, retroactively or otherwise, that are consistent with such an increase, and such adjustments may be made by right of setoff against any death benefits payable.

We reserve the right to amend the Policy to reflect any clarifications that may be needed or are appropriate to maintain such tax qualification or to conform this Policy to any applicable changes in the tax qualification requirements. We will send you a copy of any such amendment. If you refuse such an amendment, it must be by giving us written notice, and your refusal may result in adverse tax consequences.

OWNERSHIP, ASSIGNMENT AND BENEFICIARY PROVISIONS

Ownership - The Owner of this Policy will be the Insured unless another person is designated Owner in the application for this Policy. During the Insured's lifetime, the Owner may exercise every right the Policy confers or we allow (subject to the rights of any assignee of record, and to any endorsement on this Policy limiting such rights).

Beneficiary - The Beneficiary as named in the application, or later changed by the Owner, will receive the Death Benefit Proceeds upon the death of the Insured. There may be different classes of Beneficiaries, such as primary and contingent. These classes set the order of payment. There may be more than one Beneficiary in a class. Unless otherwise instructed by the Owner, if there is more than one Beneficiary, any proceeds payable will be distributed equally among the Beneficiaries of the class receiving the Proceeds. Unless the Owner has stated otherwise, in writing, to the Home Office of the Company:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest will terminate.
2. If no Beneficiary survives the Insured, Proceeds will be paid to the Owner, if then living; otherwise to the estate of the Owner.

Change of Ownership or Beneficiary - The Owner, or someone authorized to act for the Owner by valid

OWNERSHIP, ASSIGNMENT AND BENEFICIARY PROVISIONS (Continued)

court order, may change the Ownership or the Beneficiary at any time during the lifetime of the Insured, unless a previous designation provides otherwise. Applicable law may require a Beneficiary or a Successor Owner to have an insurable interest in the life of the Insured. To make a change, the Owner must send a written request to our Home Office in a form acceptable to us. The change will go into effect when we have recorded the change. However, after the change is recorded, it will be deemed effective as of the date of the written request for change. The change will be subject to any payment made, or action taken, by us before the request is recorded. The Company assumes no responsibility for the legality or sufficiency of any Beneficiary designation or ownership change.

Common Disaster – If we cannot determine whether a Beneficiary or the Insured died first in a common disaster, we will assume that the Beneficiary died first, unless applicable law or an endorsement to this Policy provides otherwise.

Assigning the Policy – During the lifetime of the Insured and while this Policy is in force, the Owner may assign this Policy as security for an obligation, subject to the written consent of any irrevocable beneficiary. We will not be bound by an assignment unless it is received in writing at our Home Office in a form acceptable to us. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment.

PREMIUM PROVISION

Premium Payments – Each premium must be paid on or before the due date. The first premium is due on the Policy Date. Premiums may be paid annually, semiannually, or quarterly. Premium due dates are computed from the Policy Date.

The premium amounts to be paid are shown in the Policy Specifications. The Owner may change the frequency of premium payments. The Owner may do this by providing Us with written notice and paying the exact premium amount for the new frequency, but only as of a premium due date at the new frequency.

Each premium is payable to Us at Our Home Office; or, the premium may be paid to an authorized agent in exchange for a receipt signed by Our President or Secretary and by the agent.

Grace Period – A grace period of 31 days without interest charge will be granted for the payment of each premium falling due after the first premium, during which grace period the policy shall continue in force.

If the premium is not paid by the end of the grace period, this policy will lapse without value unless the Options on Lapse are applicable.

If the Insured dies during the grace period, the premium for the policy month in which death occurred will be deducted from the Proceeds.

Reinstatement – If the grace period ends without sufficient premium being paid and the policy has not been surrendered for cash, this Policy may be reinstated within three years after the expiration of the grace period, but before the Maturity Date, and while the Insured is living. The reinstatement is subject to:

- a. Evidence of Insurability Satisfactory to Us.
- b. Payment of all past due Premiums along with 6% interest compounded annually.
- c. Payment or reinstatement of any policy loan, with interest due to date of reinstatement.

The date of reinstatement will be the date the application for reinstatement is approved by Us. The Owner must submit this policy and a written request on a form satisfactory to Us, at Our Home Office. If all the conditions are satisfied, coverage under this policy will be effective as though it had continued in force from the lapse date to the date of reinstatement.

CASH VALUE

If all premiums have been paid, the cash value, if any, of this policy is the cash value as shown on the Policy Specifications page.

The cash value, if any, after a premium payment due date for which a payment has not been received will be:

- a. within 60 days – the cash value as of that due date.
- b. after 60 days – if this policy is continued as Extended Term Insurance, the cash value at any time is equal to the then net single premium for the amount of insurance in force for the remaining term.

During the 30 days after any Policy Anniversary, the cash value will not be less than on that anniversary date.

Net Cash Value – The net cash value of this policy is the cash value amount less any Policy Debt.

LOAN PROVISIONS

Right to Make Loans – At any time while the Insured is living, you may obtain a loan from Us on the sole security of this Policy whenever this Policy has a loan value.

Maximum Loan Available – The maximum amount that can be borrowed as of the date of the policy loan will equal:

- a. the net cash value; less
- b. interest for the policy loan computed to the next Policy Anniversary Date; less
- c. any premiums needed to pay the policy to the next Policy Anniversary Date.

Loan Interest – The loan interest rate is 7.4% per year in advance. When a loan is granted, interest is payable for the period through the next Policy Anniversary Date. Interest is also payable at the beginning of each Policy Year. Any interest not paid when due will be added to the Policy Debt and bear interest at the same rate.

Termination – At any time the Policy Debt exceeds the cash value, this policy may terminate without further value. However, in no event will the Policy terminate until 31 days after We have mailed a notice of termination to your last known address and the last known address of any Collateral Assignee of record.

Other Borrowing Rules – Policy Debt may be repaid in whole or in part at any time while this Policy is in force prior to the death of the Insured.

We may delay granting any loan for up to six months, except for a loan to pay premiums on any policy We issue.

OPTIONS ON LAPSE

If any premium is not paid by the end of the grace period, the net cash value of the policy, if any, as of the due date of that premium will be used as a net single premium to continue insurance or the policy will be surrendered for cash.

The Owner may choose either option. If the Owner does not elect an option within 60 days of the premium due date, Option 1 will be effective.

Option 1 – Surrender for Cash – This policy may be surrendered for its net cash value. Surrender terminates the policy. We may defer payment of the net cash value for a period of up to 6 months from the date of request.

OPTIONS ON LAPSE (Continued)

Option 2 – Extended Term Insurance – This policy may be continued as nonparticipating Extended Term Insurance. The amount will be the face amount less any debt. The net cash value will be used as a net single premium to purchase Paid-Up Extended Term Insurance for as long a term as the net single premium will purchase.

BASIS OF COMPUTATION

Guaranteed Values and net single premiums are based on the mortality tables and interest rate shown on Page 3A. All net single premiums are at the then attained age of the Insured. The cash values are calculated by the Standard Nonforfeiture Value Method using the mortality table and interest rate shown on Page 3A. Computations assume that premiums are paid annually and the deaths occur at the end of a policy year.

The cash value within a policy year is adjusted for lapse of time and premiums paid for any portion of the policy year. Within 31 days after any policy anniversary, and in the absence of a policy loan, the cash value will not be less than the cash value on such anniversary. Any additional agreement which is part of this Policy will not increase the cash value unless specifically provided by the agreement. All values are greater than or equal to those required by the insurance law of any state in which this Policy is delivered. The detailed method of calculation of values is on file at the insurance department in the state in which this Policy is delivered.

When continued as Extended Term Insurance, this Policy's cash value is the present value of future benefits.

TERMINATION OF THE POLICY

This Policy will Terminate on the earliest of:

1. the Maturity Date listed on the Policy Specifications Page; or
2. the date the Policy is surrendered; or
3. the date the Policy lapses at the end of the Grace Period if there is no cash value; or
4. the Death of the Insured; or
5. the end of the Extended Term period.

DEATH BENEFIT PROVISIONS

Death Benefit – The Proceeds payable on the Insured's death, subject to the Options on Lapse provision, will be:

1. the Face Amount as shown on the Policy Specifications page; plus
2. the amount of premium, if any, paid (but not waived under any attached Waiver of Premium rider) beyond the Policy Month in which the Insured dies; less
3. the premium due for the policy month for this policy if the Insured died during the grace period and the premium is unpaid; less
4. any Policy Debt; plus
5. any interest required by law.

The Face Amount, prior to any Policy Debt, will always be the greater of the Face Amount shown on the Policy Specifications page, subject to the Options on Lapse provision, or the minimum amount required to be classified as life insurance for federal income tax purposes.

MATURITY PROCEEDS

We will pay the maturity proceeds to you on the Maturity Date if the Insured is living on that date. The maturity proceeds will be the surrender value on the Maturity Date. The Maturity Date is shown on the Policy Specifications page.

PAYMENT OF PROCEEDS

Proceeds – The Proceeds of this policy will be paid in one sum unless it is settled under one of the settlement options shown below. To use an option, the Proceeds must be at least \$5,000. The recipient of payments under an option will be referred to as the payee.

Electing a Payment Option – While the Insured is living, the Owner may elect or change an option by filing with Our Home Office a written request on a form acceptable to Us. If no option is elected prior to the Insured's death, the Beneficiary shall choose the option. The option will not apply to any payments made prior to receiving the request. If the Owner chooses an option before the Insured dies, the option cannot be changed after the Insured's death. After payments have begun under Option 2, the option cannot be changed.

Option 1 – Income for a Fixed Period – We will make periodic payments in equal amounts for a fixed number of years. Table A shows the guaranteed monthly income for each \$1,000.00 of Proceeds. Payments are guaranteed for the number of years chosen.

Option 2 – Life Income with Fixed Period -- The payments under this option must be payable to an individual in his own right. We will pay the periodic income for a fixed period, and for as long thereafter as the Payee lives. The fixed period may be ten (10) or twenty (20) years or any other period then being offered by Us. Payments will be in equal periodic amounts. The payment is based on the age and sex of the Payee. Table B shows the guaranteed monthly income for each \$1,000.00 of Proceeds.

Option 3 – Interest Income – We will hold the Proceeds as principal and will pay the interest periodically. The principal will be paid upon the Payee's written request or death.

Option 4 – Income of Fixed Amount – We will pay a periodic income of the amount chosen. The amount must be at least \$10.00 for each \$1,000.00 of the Proceeds and at least \$50.00 per periodic payment. We will pay for as long as the Proceeds and interest last.

Interest and Mortality Table – The rate of interest guaranteed under these Payment Options is 1.50% per year. The payment option rates are based on the Annuity 2000 Mortality Table.

Table A – Equal Period Monthly Payments for Fixed Period Per \$1,000.00 of Proceeds.

Years	Payment	Years	Payment
3	\$28.39	11	\$8.21
4	21.45	12	7.58
5	17.28	13	7.05
6	14.51	14	6.59
7	12.53	15	6.20
8	11.04	20	4.81
9	9.89	25	3.99
10	8.96	30	3.44

For other than monthly payments, multiply the monthly payment by the appropriate factor:

	Annual	Semiannual	Quarterly
Option 1	11.919	5.981	2.996

PAYMENT OF PROCEEDS (Continued)

Table B – Monthly Life Income with Payments Guaranteed for Years Shown Per \$1,000.00 of Proceeds.
(Based on Payee's age, nearest birthday on due date of first payment.)

Male		Age	Female	
10 Year	20 Year		10 Year	20 Year
\$1.99	\$1.99	15	\$1.92	\$1.92
2.20	2.19	25	2.10	2.10
2.49	2.47	35	2.36	2.35
2.93	2.88	45	2.73	2.71
3.60	3.45	55	3.32	3.24
4.07	3.79	60	3.74	3.58
4.30	3.93	62	3.94	3.73
4.69	4.14	65	4.28	3.96
5.45	4.44	70	5.00	4.32
6.32	4.65	75	5.91	4.60
7.22	4.76	80	6.93	4.75

For other than monthly payments, multiply the monthly payment by the appropriate factor:

	Annual	Semiannual	Quarterly
Option 2	11.69	5.93	2.99

Supplementary Contract – If payments are made under an option, a supplementary contract will be issued. It will describe when and how payments are made, to whom the payments will be made, and how any remaining Proceeds are paid. The supplementary contract will be dated as of the Insured's death, if the Proceeds are death Proceeds; otherwise, it will be dated when the Proceeds become payable.

Payments will be made monthly unless quarterly, semiannual, or annual payments are chosen. If the payments would be less than \$50.00 each, they must be made on a less frequent basis.

The first payment under Option 1, 2, or 4 will be due on the date of the supplementary contract. The first payment under Option 3 will be due one (1) month after that date if payments are monthly, three (3) months if quarterly, six (6) months if semiannually, and twelve (12) months if annually.

We may increase payments under Option 1 or 2 by any additional interest as declared. Under Option 3, We may credit additional interest. Under Option 4, additional interest, if any, will be used to extend the number of payments.

After the date of the Supplementary Contract, the settlement cannot be changed or terminated before all payments, subject to its terms, have been made, except as: (a) otherwise stated in this provision; and (b) approved by Us at the time of election of the option and upon such terms as We deem necessary.

Commuted Benefit – Payments under Options 1 and 4 may be commuted by the Payee during his/her lifetime. Any unpaid future guaranteed income payments shall be commuted using a rate of interest one percent (1%) higher than the rate used to calculate the original option.

Reserves – At or after the start of payments under an Optional Payment Provision, the reserve under this policy will be computed based on the Attained Age at the nearest birthday of the payee and will be greater than or equal to those required by the minimum reserve standards of the Standard Valuation Law.

OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA
P.O. BOX 2595 / WACO, TEXAS 76702-2595 / (254) 297-2775

WHOLE LIFE INSURANCE TO AGE 121 POLICY

This is a whole life policy. We will pay the death benefit at the insured's death. Premiums are payable for the years shown or until prior death.

This policy is Nonparticipating – No Dividends.

READ YOUR POLICY CAREFULLY

OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA
WACO, TEXAS

ACCIDENTAL DEATH BENEFIT RIDER

OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA has issued this supplemental agreement as a part of the policy to which it is attached.

General

This rider provides for the payment of an Accidental Death Benefit. We will pay the Accidental Death Benefit if the Insured dies by accidental bodily injury.

This rider is attached to and becomes part of the policy. Its benefits are subject to the terms of the policy and this rider. We will not contest this rider after it has been in force during the insured's lifetime for two years from the Policy Date.

Definitions

Country – Includes any government or any coalition of countries or governments through an international organization or otherwise.

Insured – The person named in the application for this rider.

Military Service – Service in the military, naval or air forces.

War – Declared or undeclared war or any conflict between armed forces of countries.

Accidental Death Benefit

Upon receipt at the Home Office of the Company, in accordance with the conditions hereinafter stated, of due proof of the death of the insured as the direct result of bodily injury and independent of all other causes, effected solely through external, violent and accidental means as evidenced by a visible contusion or wound on the exterior of the body (except in case of drowning or internal injuries revealed by autopsy) and that such death occurred within ninety days from the date of such injury, while this benefit was in force and prior to the Terminating Date, the Company will, subject to all provisions of the policy and this benefit, add the Accidental Death Amount specified in the Policy Specifications to the Death Benefit as described in the Death Benefit Provisions of the policy.

Non-Accidental Death

If the Insured dies for any reason that does not meet the requirements for the Accidental Death Benefit, this rider will terminate and the cash value of this rider will be added to the Death Benefit as described in the Death Benefit Provisions of the policy.

Risks Not Covered

The Accidental Death Benefit shall not be payable if the Insured's death occurs, or results from injury sustained outside the states of the United States, the District of Columbia, Puerto Rico, the Virgin Islands, the Panama Canal Zone, the Republic of Panama, and Canada while the Insured is in the military service for any country at war; or if the Insured's death results directly from any of the following causes:

1. Insurrection or war or any act attributable to war, whether or not the Insured is in military service;
2. Participating or engaging in a riot;
3. Suicide or any attempt thereat;
4. Bodily or mental infirmity or illness or disease of any kind, sunstroke, poisons, ptomaines, or bacterial infection other than infection occurring in consequence of any injury on the exterior of the body effected solely through external, violent and accidental means;
5. Committing or attempting to commit an assault or felony;
6. Voluntary taking of a poison, drug or sedative, or asphyxiation from inhalation of gas;
7. Travel or flight in, or descent from or with, any kind of aircraft, unless the Insured is being transported solely as a passenger in such aircraft without any duties whatsoever in connection with such travel, flight or descent.

Cash Values

If all premiums have been paid, the cash value of this rider is the cash value as shown on page 3B of the Policy Specifications and is in addition to the basic plan cash value as shown on page 3A of the Policy Specifications. The sum of these two cash values is the policy's Cash Value.

Loans

The cash value of this rider may be borrowed under the conditions of the policy to which this rider is attached and any such borrowed amount becomes part of the Policy Debt.

Options on Lapse

The Options on Lapse section of the policy applies with the following exception:

Extended Term Insurance – If the net single premium is greater than the amount needed to fund the basic plan to maturity, the excess over the amount needed to fund the basic plan to maturity will be paid in cash.

Basis of Computation

The Table of Guaranteed Values on page 3B of the Policy Specifications page shows cash values. The cash values are calculated by the Standard Nonforfeiture Value Method using the mortality tables and interest rate shown on page 3B.

Right of Autopsy

The company shall have the right and opportunity to examine the body and to make an autopsy at the Company's expense, unless prohibited by law.

Effective Date

The Effective Date of this benefit shall be the Policy Date.

General Provisions

This supplemental agreement is nonparticipating and is subject to all of the terms of the policy not inconsistent herewith.

Termination Date


This benefit shall automatically terminate on the earliest of the following:

1. The anniversary of the policy on which the age of the Insured at nearest birthday is one hundred;
2. The date the policy terminates or is converted under one of the nonforfeiture provisions;
3. At the end of the policy's Grace Period if the premium for the policy, including this rider, is not paid within the Grace Period;
4. The date of death of the Insured;
5. The date written request for termination of this benefit by the Owner and presentation of the policy at the Home Office of the Company for endorsement is received. Upon such request for termination of this benefit the policy shall be surrendered.

Consideration

The consideration for this benefit is the application, a copy of which is attached to the policy, and the payment of the premiums specified in the Policy Specifications.

SIGNED at the Home Office of the Company as of the Effective Date.



Secretary



President

Proposed Insured: _____ <div>(First) (Middle) (Last)</div>					Employer's Name: _____ Occupation: _____ Duties: _____ U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, give immigration status/type of visa:</i>	
Address: (No. & Street) _____ City: _____ State: _____ Zip Code: _____ Email Address: _____ @ _____						
<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Mo. Day Yr / /	Age	State of Birth	SS# _____ DL# _____	Home Phone No. () _____	Mail Policy: <input type="checkbox"/> Agent <input type="checkbox"/> Insured <input type="checkbox"/> Owner
Owner: Name _____			SS# _____		Address: _____	
Payor: Name _____			SS# _____		Address: _____	
Primary		Primary Beneficiary _____			Relationship _____	
Insured:		Contingent Beneficiary _____			Relationship _____	
Plan: <input type="checkbox"/> Option 1-Whole Life Benefit = \$125, Accidental Death Benefit Initial Benefit = \$50,000 <input type="checkbox"/> Other _____ <input type="checkbox"/> Option 2-Whole Life Benefit = \$188, Accidental Death Benefit Initial Benefit = \$75,000 <input type="checkbox"/> Option 3-Whole Life Benefit = \$250, Accidental Death Benefit Initial Benefit = \$100,000 Policy Date Request: / /						
Mode: <input type="checkbox"/> Bank Draft <input type="checkbox"/> Draft 1st Prem on Req. Date <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Qtrly Modal Prem \$					CWA: <input type="checkbox"/> E-Check Immediate 1st Prem <input type="checkbox"/> Collected \$	
Do you have any existing life or disability insurance or annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No				Company _____		
Will you replace an existing life or disability insurance policy or an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No				Policy # _____ Amount of Coverage \$ _____		
Within the past 3 years have you participated in, or intend to participate in aviation, hang gliding, mountain climbing, rodeo events, sky diving, scuba diving, organized racing of any kind, or had your driver's license suspended or revoked; or within the past 5 years have you been convicted of driving under the influence of alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, does not qualify for plan.</i>						

AGREEMENT—I agree with Occidental Life Insurance Company of North Carolina (the Company) as follows: (1) To the best of my knowledge and belief, all answers and statements contained in this application are true, complete and correctly recorded; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid.

AUTHORIZATION—In order to properly classify my application for life insurance, I authorize any and all licensed physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, health plans, pharmacy benefit managers, pharmacies or pharmacy-related facilities; insurance companies and their business associates and those persons or entities providing services to the insurer's business associates which are related in any way to their insurance plans; the MIB, Inc. or other organization that has knowledge or records of me and my health to give such information to: (a) Occidental Life Insurance Company of North Carolina; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of 425 Austin Ave., Waco TX 76701. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the MIB, Inc., are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize Occidental Life Insurance Company of North Carolina to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the MIB, Inc.; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original. *I acknowledge receiving the Fair Credit Reporting Act Notice and the MIB, Inc. Pre-Notice.*

I acknowledge that I have read the Fraud Warning applicable to my state on the back of this application.

Signed at _____
CITY STATE

Date of Application _____
MONTH DAY YEAR

SIGNATURE OF PROPOSED INSURED

SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

AGENT'S REPORT—*I certify that I have personally asked each question on this application to the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature.*

Does the proposed insured have any existing life or disability insurance or annuity contract?

☐ Yes ☐ No

Is the proposed insurance intended to replace or change any existing life or disability insurance or annuity?

☐ Yes ☐ No

Agent _____ No: _____ %

SIGNATURE

Agent _____ No: _____ %

SIGNATURE

Form No. OL9914

NOTICE

Printed in compliance with Public Law 91-508

Thank you for considering Occidental Life Insurance Company of North Carolina for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

MIB, INC. PRE-NOTICE

Information regarding your insurability will be treated as confidential. Occidental Life Insurance Company of North Carolina, or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information in your file. Please contact MIB, Inc. at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Occidental Life Insurance Company of North Carolina, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB, Inc. may be obtained on its website at www.MIB, Inc..com.

FRAUD WARNING

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the colorado division of insurance within the department of regulatory agencies.

District of Columbia – Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Louisiana – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in state prison.

New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma – Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico – *Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.*

Rhode Island – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia – Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Washington – It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

In All Other States: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement may be guilty of insurance fraud.

PRE-AUTHORIZATION CHECK PLAN - AUTHORIZATION TO HONOR CHARGE DRAWN

ProposedInsured _____AccountHolder _____

Financial Institution (name/address) _____

Transit / ABA Number _____Account Number _____

☐ Checking ☐ Savings Requested Draft Day (1st-28th) _____

ATTACH VOIDED CHECK OR DEPOSIT SLIP

As a convenience to me, I hereby request and authorize you to pay and charge to my account amounts drawn on my account, whether by electronic or paper means, by and payable to the order of Occidental Life Insurance Company of North Carolina, for the purpose of paying premiums on life insurance policy, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights with respect to each such charge shall be the same as if it were signed personally by me. This authorization is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

SIGNATURE (As on Financial Institution Records) _____DATE _____

Form No. 0L9914

OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA
P.O. BOX 2595, WACO, TX 76702-2595

CONDITIONAL RECEIPT

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THIS RECEIPT ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT. THIS RECEIPT SHALL BE INVALID AND MAY NOT BE ISSUED WITH RESPECT TO PROPOSED PAYMENT OF THE INITIAL PREMIUM TENDERED BY MEANS OF A POST-DATED CHECK.

ALL PREMIUM CHECKS MUST BE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK.

Received from _____the sum of \$ _____as first payment on this application for

ProposedInsured _____Date _____Agent _____

If (1) an amount equal to the first full premium is submitted or a payroll deduction authorization,a government allotment authorization, or a bank draft authorization has been fully implemented in an amount sufficient to pay the first full monthly premium, (2) any check or bank draft authorization given in payment of the initial premium is honored when first presented, (3) all underwriting requirements, including any medical examinations required by the Company's rules, are completed, and (4) the proposed insured is, on the date of application, a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the Company's rules and practices, **then** insurance under the policy applied for shall become effective on the latest of (a) the date of application, (b) the date the payroll deduction authorization or government allotment authorization is submitted for processing, or (c) the requested draft date specified in the bank draft authorization, or (d) the date of the latest medical exam required by the Company. THE TOTAL AMOUNT OF LIFE INSURANCE, INCLUDING ANY AMOUNT IN FORCE OR BEING APPLIED FOR, WHICH MAY BECOME EFFECTIVE PRIOR TO THE DELIVERY OF THE POLICY SHALL IN NO EVENT EXCEED \$150,000.00. (INCLUDING LIFE INSURANCE AND ACCIDENTAL DEATH BENEFITS).

If any of the above conditions are not met exactly, the liability of the Company shall be limited to the return of any amount paid.

SERFF Tracking Number: AAMC-127054300 State: Arkansas
Filing Company: Occidental Life Insurance Company of North Carolina State Tracking Number: 48280
Company Tracking Number:
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Insurance to Age 121 Policy - 9912
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR OL11-9912 Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Cover Letter attached.		
Attachment:		
AR OL11-9912 Cover Letter.pdf		

ARKANSAS

OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA

CERTIFICATION

This is to certify that the attached Whole Life Insurance to Age 121 Policy, Accidental Death Benefit Rider and Application, Form Number(s). OL11-9912, OL9913 and OL9914, have achieved Flesch Reading Ease Scores of 50.3, 42.2 and 55.9 and comply with the requirements of Arkansas Statue 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Simplification Act.



Signature

Clara Keel, FLMI
Product Filing Manager and Assistant Secretary

March 8, 2011



**OCCIDENTAL LIFE INSURANCE
COMPANY OF NORTH CAROLINA**

P.O. Box 2595 • Waco, Texas 76702-2595 • 254-297-2775

March 18, 2011

NAIC No. 67148

Mr. Joe Musgrove
Policy and Other Form Filings
State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904
Attention: Compliance - Life and Health

Re: Form No. OL11-9912 – Whole Life Insurance to Age 121 Policy
Form No. OL9913 – Accidental Death Benefit Rider
Form No. OL9914 – Life Insurance Application

Dear Ms. Mr. Musgrove:

The above referenced forms are being submitted for your consideration and approval. These forms are new and will not replace any forms previously approved by your department.

Form No. OL11-9912 is a simplified issue, non-participating Whole Life Policy to Age 121 available to ages 18 to 60. The Flesch readability score is 50.3. The Actuarial Memorandum is enclosed. This product will be marketed without an illustration. The product does not have non-guaranteed elements.

Form No. OL9913 is an Accidental Death Benefit Rider designed to accompany the Whole Life Policy. At the end of year 20, the cash value of the rider will be equal to 20 times the annual premium. The Flesch readability score is 42.2. The Actuarial Memorandum is enclosed.

Form No. OL9914 is the application that will be used to apply for the Whole Life Policy and Accidental Death Benefit Rider. The Flesch readability score is 55.9.

The above referenced submission meets the provisions of Arkansas Rule and Regulation 19 (Unfair Sex Discrimination in the Sale of Insurance) as well as all applicable requirements of the department.

The Company is providing, at time of delivery of the policy, the Arkansas Life and Disability Insurance Guaranty Association disclaimer document as provided in Rule and Regulation 49 (Appendix A).

If I may be of assistance in your review, please contact me at 1-800-736-7311, extension 3216, or ckeel@aatx.com.

Sincerely,

Clara Keel, FLMI
Product Filing Manager & Assistant Secretary

CJK:tab
Enc.